## Office of Administration

## Commissioner's Office

"Request for Preauthorization for Other Services"

Program: Alternatives to Abortion			
Contractor:AF	CC		
Subcontractor: Co	CKC- St. Joseph		
Please enter below the item to be purchased, or purchased/provided to	information for each item/se ost for the item, and the justife be reimbursed.	rvice to be purchase ication. Items must	ed. List the date of purchase, be approved <b>before</b>
Client Name:	Date Enrolled	05/25/16	
Proposed Purchase Date 01/17/17	Item  State of Missouri- Birth	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
	Certificate for Baby Girl	\$1500	No funds to pay for a birth certificate for baby to open savings account and for identification. No other sources available in community.
Amount to be reimbursed		\$15.00	
Please return to Alternatives to Abortion Program Manager, State of Missouri – Office of Administration, Commissioner's Office, State Capitol Building, Room, 125, Jefferson City, MO 65101. May be faxed to 573/751-1212 or emailed to <a href="mailto:emily.kraft@oa.mo.gov">emily.kraft@oa.mo.gov</a> . by the Contractor only!			
Thank you.	<b>Y</b>	0 1	
Authorized person reque	11. 4	Setterlin	
Approved for purchase:	mily Kraft D	ate <u>////</u> /7	
Purchase denied:Date			
Reason for denying purchase:			